

## Electronic Patent Application Fee Transmittal

|   |   |                 |               |                             |
|---|---|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                  | 09918365  |                 |               |                             |
| <b>Filing Date:</b>                         | 30-Jul-2001   |                 |               |                             |
| <b>Title of Invention:</b>                  | AN IMPLANTABLE MEDICAL DEVICE INCLUDING A COVALENTLY IMMOBILIZED ANTI-THROMBOGENIC MATERIAL |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b> | Eugene T. Michal  |                 |               |                             |
| <b>Filer:</b>                               | Zhaoyang Li/La Renda Meyer  |                 |               |                             |
| <b>Attorney Docket Number:</b>              | ACS 55933   |                 |               |                             |
| Filed as Large Entity                       |   |                 |               |                             |
| <b>Utility      Filing Fees</b>             |   |                 |               |                             |
| <b>Description</b>                          | <b>Fee Code</b>   | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                        |   |                 |               |                             |
| <b>Pages:</b>                               |   |                 |               |                             |
| <b>Claims:</b>                              |   |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                |   |                 |               |                             |
| <b>Petition:</b>                            |   |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>     |   |                 |               |                             |
| Post-Allowance-and-Post-Issuance:           |   |                 |               |                             |
| <b>Extension-of-Time:</b>                   |   |                 |               |                             |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Miscellaneous:                    |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 810    | 810                  |
| Total in USD (\$)                 |          |          |        | 810                  |